## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| Application of | or | Docket | Num | ber |
|----------------|----|--------|-----|-----|
|----------------|----|--------|-----|-----|

1000 FOGT

|                                                                                                                                                                                                                                                                                                                     |                      | CLAIMS AS                                 | S FILED - F<br>(Column 1 |                    | (Colun                           | nn 2)            | _        | MALL EN<br>YPE                         |                        | OR             | OTHER<br>SMALL E    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------|--------------------------|--------------------|----------------------------------|------------------|----------|----------------------------------------|------------------------|----------------|---------------------|------------------------|
| TC                                                                                                                                                                                                                                                                                                                  | TAL CLAIMS           |                                           | 71                       |                    |                                  |                  |          | RATE                                   | FEE                    |                | RATE                | FEE                    |
| FO                                                                                                                                                                                                                                                                                                                  | R                    | · · · · · · · · · · · · · · · · · · ·     | NUMBER FI                | LED                | NUMBE                            | R EXTRA          | E        | SASIC FEE                              | 370.00                 | OR             | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS 2 mi                                                                                                                                                                                                                                                                                        |                      | 2/ minu                                   | ıs 20=                   | *                  |                                  |                  | X\$ 9=   |                                        | OR                     | X\$18=         | 18.00               |                        |
| INDEPENDENT CLAIMS 3                                                                                                                                                                                                                                                                                                |                      |                                           | 3 min                    | us 3 =             | *                                |                  | t        | X42=                                   |                        | OR             | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                    |                      |                                           |                          |                    |                                  | +140=            |          | OR                                     | +280=                  |                |                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in colu                                                                                                                                                                                                                                                |                      |                                           |                          | olumn 2            | L                                | TOTAL            |          | OR                                     | TOTAL                  | Trem           |                     |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                        |                      |                                           |                          |                    |                                  |                  | SMALL E  | NTITY                                  | OR                     | OTHER<br>SMALL | ENTITY              |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                         | 2007                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | NUM<br>PREVI       | HEST<br>MBER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA |          | RATE                                   | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                | *                                         | Minus                    | **                 |                                  | =                |          | X\$ 9=                                 |                        | OR             | X\$18=              |                        |
| MEI                                                                                                                                                                                                                                                                                                                 | Independent          | *                                         | Minus                    | ***                |                                  | =                |          | X42=                                   |                        | OR             | X84=                |                        |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESE          | NTATION OF M                              | ULTIPLE DEP              | ENDEN              | T CLAIM                          |                  |          | +140=                                  |                        | OR             | +280=               |                        |
|                                                                                                                                                                                                                                                                                                                     |                      |                                           |                          |                    | ٠                                |                  | L        | TOTAL<br>DDIT. FEE                     |                        | OR             | TOTAL<br>ADDIT. FEE |                        |
|                                                                                                                                                                                                                                                                                                                     |                      | (Column 1)                                |                          | (Colu              | ımn 2)                           | (Column 3)       | Α.       | DUII. I'EE                             |                        | -              |                     |                        |
| ENT B                                                                                                                                                                                                                                                                                                               | 1                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIG<br>NUM<br>PREV | HEST<br>MBER<br>IOUSLY<br>D FOR  | PRESENT<br>EXTRA |          | RATE                                   | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
| MON                                                                                                                                                                                                                                                                                                                 | Total                | *                                         | Minus                    | **                 |                                  | =                |          | X\$ 9=                                 |                        | OR             | X\$18=              |                        |
| AMENDMENT                                                                                                                                                                                                                                                                                                           | Independent          | *                                         | Minus                    | ***                | IT OL AU.                        | =                |          | X42=                                   |                        | OR             | X84=                |                        |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESE          | NTATION OF M                              | OLTIPLE DEP              | ENDEN              | II CLAIM                         |                  |          | +140=                                  |                        | OR             | +280=               |                        |
|                                                                                                                                                                                                                                                                                                                     |                      |                                           |                          |                    |                                  |                  | L        | TOTAL<br>ADDIT. FEE                    |                        |                | TOTAL<br>ADDIT. FEE |                        |
|                                                                                                                                                                                                                                                                                                                     |                      | (Column 1)                                |                          | (Coli              | umn 2)                           | (Column 3)       | μ        | יייייייייייייייייייייייייייייייייייייי |                        |                | ADDIT: I GE         |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                         |                      | CLAIMS REMAINING AFTER AMENDMENT          |                          | HIG<br>NUI<br>PREV | HEST<br>MBER<br>(IOUSLY<br>D FOR | PRESENT<br>EXTRA |          | RATE                                   | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                | *                                         | Minus                    | **                 |                                  | =                |          | X\$ 9=                                 |                        | OR             | X\$18=              |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent          | *                                         | Minus                    | ***                |                                  | =                |          | X42=                                   |                        | OR             | X84=                |                        |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESE          | NTATION OF N                              | MULTIPLE DEI             | PENDE              | NT CLAIM                         |                  | <b>J</b> | +140=                                  |                        | 1              | +280=               |                        |
|                                                                                                                                                                                                                                                                                                                     | If the entry in colu | ımn 1 is less than                        | the entry in colu        | ımn 2, wr          | rite "0" in co                   | olumn 3.         |          | +140=                                  |                        | OR             | TOTAL               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                      |                                           |                          |                    |                                  |                  |          |                                        |                        |                |                     |                        |